

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99240 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

# CERTIFICATE OF DEATH

Date of Death,

*Full Name of Deceased,* { Write legibly and spell  
correctly. If an Infant  
not named, give names  
of parents.

Sex, Male or Female, { Cross out the word not  
required in this line.

Age, 45 to 50 Years, — Months, — Days

Color, *Wt.*

*Married, Single, Widow or Widower,* { Cross out the words not  
required in this line. }

Occupation,

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth. }

*Duration of Residence in the City of Baltimore.*

*Place of Death,* { Give Street and }  
Number.

*Cause of Death,* { First (Primary),  
Second (Immedi

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Oak Cemetery

Date of Burial, April 15<sup>th</sup> 1888

(Undertaker, *Geo. Pine*)

Place of Business, *Health Dept*

Address, Croquet

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

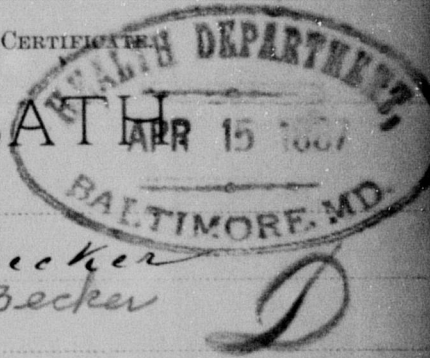
Permit No. 99241 Office of Registrar of Vital Statistics.

Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, April 14<sup>th</sup> 88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Becker  
Becker

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, — Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Batsy

Duration of Residence in the City of Baltimore, Life's time

Place of Death, { Give Street and Number. } 7 N. Liberty St

Cause of Death, { First (Primary), Second (Immediate), } morbilli maligni  
Paralysis cordis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, April 16<sup>th</sup> 88

{ Undertaker, Walter Innell

{ Place of Business, 594 W. Biddle Address, 1523 E. Baltimore

J. Stashin M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99242

Office of Registrar of Vital Statistics.

Ward

10  
14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rebecca Clark

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

76

Years,

7

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

213<sup>1/2</sup> Myrtle Avenue

Cause of Death,

{ First (Primary),

Second (Immediate),

Apoplexy

One Hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery

Date of Burial,

April 16<sup>th</sup> 1887

{ Undertaker,

Stewart & Mawer

{ Place of Business,

215 Park Ave

Address,

James A. Stearns M. D.  
Can J. H. & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. C. Roberts Inspector

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99243 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 42 Years, \_\_\_\_\_ Months, ✓ Days.

Color, Black.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, House wife.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Eastern Shore Md.

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, { Give Street and Number. } 113 West York.

Cause of Death, { First (Primary), Second (Immediate), } Probably Heart Disease -  
Syncope

Duration of Last Sickness, about an hour or two.

All the above information should be furnished by the Physician.

Place of Burial, Laurit Cemetery

Date of Burial, April 17/1887

Undertaker, Mercurius Place J. J. Flannery M. D.

Place of Business, 404 E. Pratt St. Address, 1701 Dr. Hill an

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99244 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, April 14<sup>th</sup> / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Allen A

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 4 Years, 4 Months, 4 Days.

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 948 Rupert Street

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough  
Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 16<sup>th</sup> / 87

{ Undertaker, H. Prop } James A. Stenard M. D.  
{ Place of Business, Cum gratia } Address, Cum gratia

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry C. Seward S. J. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of \_\_\_\_\_ respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99245 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary E Lively A

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Amulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Landress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 121 Chesnut St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, Apr 15-1887

{ Undertaker, Mr Madden } J W Estlin M. D.

Medical Attendant.

{ Place of Business, 46 East St } Address, 46 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

Permit No. 99246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 13<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Jacob Weeks

Sex, Male or Female,

Cross out the word not required in this line.

Age,

44

Years,

Months,

Days.

Color,

Mulatto

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Laborer

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

127 Sterling St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Double Pneumonia

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Lanel Cemetery

Date of Burial,

April 15<sup>th</sup> 1887

Undertaker,

W. W. Madden

Place of Business,

76 East St

A. M. Bell,

M.D.,

Medical Attendant.

Address,

1010 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99247 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased. If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, April 14<sup>th</sup> / 87

Full Name of Deceased, Sarah P Simpson { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, One Year, one Month, 0 Days.

Color, Light copper

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Balt city { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 13 months

Place of Death, 915 Bolton st { Give Street and Number. }

Cause of Death, Unknown { First (Primary), Second (Immediate), }  
convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, April 16, 1887

Undertaker, Alf Hemmick Benj L Bohner M. D. Medical Attendant.

Place of Business, 1561 Orchard st Address, Cor Mulberry + Gen st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99248 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, April 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James W. Clubb

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 Years, 1 Months, 11 Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Florist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prince George Co. Md.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give Street and Number. } Old # 122 Calumet St.

Cause of Death, { First (Primary), Second (Immediate), } Supposed carcinoma of stomach  
Exhaustion

Duration of Last Sickness, in Bed 2 months

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cem.

Date of Burial, Apr 16<sup>th</sup> 1887

Undertaker, W. J. Dickner R. J. H. Tall. M. D. Medical Attendant.

Place of Business, 221 E. Canton St. Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99249 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, April 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M. Bittof

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 4 1/2 Months,    Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Nursery & Childs Hospital

Cause of Death, { First (Primary), Second (Immediate), } Chicken pox  
exhaustion

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 15 April

Undertaker, C. H. Blizzard J. M. Hendley M. D. Medical Attendant.

Place of Business, 1137 Pen Ave Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]